

IPDR6702		NORTH CAROLINA				PAGE: 1		
RUN DATE: 05/18/2008		IPRS CHECKWRITE SUMMARY REPORT						
		CHECKWRITE DATE: 05/20/2008						
		FINANCIAL PAYER: NCTM						
							TOTAL	TOTAL
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404901	SMOKY MOUNTAIN H/DD/SAS	8599	2340	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		8800	625	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	5	4163	11221	7058
		8000	423	NO RATE AVAILABLE ON FILE TO P RICE THIS CLAIM DETAIL				
3404904	WESTERN HIGHLAN DS LME	8326	507	ATTENDING PROVIDER NUMBER WAS NOT SUBMITTED ON THIS CLAIM OR THE NPI SUBMITTE				
		21	124	DUPLICATE OF CLAIM-SYSTEM	0	798	6005	5207
		3101	106	THE TAXONOMY CODE FOR THE ATTE NDING PROVIDER IS MISSING				
3404910	PATHWAYS	8800	190	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				
		11	28	CLIENT NOT ELIGIBLE ON SERVICE DATE	0	275	4093	3818
		21	17	DUPLICATE OF CLAIM-SYSTEM				
3404912	CATAMBA COUNTYM ENTAL HEALT	8326	44	ATTENDING PROVIDER NUMBER WAS NOT SUBMITTED ON THIS CLAIM OR THE NPI SUBMITTE				
		8599	38	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0	137	6702	6565
		27	31	DIAGNOSIS CODE MISSING OR INVA LID. VERIFY AND ENTER THE CORRECT DIAGNOSIS CODE AND SUB				
3404913	MECKLENBURG COM ENTAL HEALT	8800	2557	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				
		8326	266	ATTENDING PROVIDER NUMBER WAS NOT SUBMITTED ON THIS CLAIM OR THE NPI SUBMITTE	0	3481	12891	9410
		21	183	DUPLICATE OF CLAIM-SYSTEM				
3404916	CROSSROADS BEHA VIGORAL HEAL	8800	87	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				
		11	20	CLIENT NOT ELIGIBLE ON SERVICE DATE	0	133	5290	5157
		191	7	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME				
3404917	CENTERPOINT HUM AN SERVICES	8505	1522	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		3101	346	THE TAXONOMY CODE FOR THE ATTE NDING PROVIDER IS MISSING	0	2105	4910	2805
		21	98	DUPLICATE OF CLAIM-SYSTEM				

PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	TOTAL	TOTAL
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	CLAIMS FINALIZED	CLAIMS PAID
3404919	GUILFORD CO MEN TAL HEALTHC	8326	1217	ATTENDING PROVIDER NUMBER WAS NOT SUBMITTED ON THIS CLAIM OR THE NPI SUBMITTE				
		8800	519	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	0	2489	8352	5863
		8536	276	ATTENDING PROVIDER TYPE AND SP ECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PR				
3404920	ALAMANCE CASHEL L AREA MH D	8599	203	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		79	118	THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN	0	653	9423	8770
		3411	81	PROVIDER TYPE AND SPECIALTY 07 4/113 CANNOT BILL ENHANCED BENEFIT SERVICES ON OR AFTER D				
3404921	ORANGE PERSON C HATHAM AREA	8505	2069	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8599	364	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0	3043	4667	1624
		11	290	CLIENT NOT ELIGIBLE ON SERVICE DATE				
3404922	THE DURHAM CENT ER	21	3777	DUPLICATE OF CLAIM-SYSTEM				
		8800	1571	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	0	5510	14922	9412
		8599	101	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404923	FIVE COUNTY MH	8800	210	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				
		11	29	CLIENT NOT ELIGIBLE ON SERVICE DATE	0	322	3580	3258
		21	21	DUPLICATE OF CLAIM-SYSTEM				
3404925	SANDHILLS CENTE R FOR MH/DD	8800	967	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				
		8537	380	PROCEDURE IS NOT PAYABLE FOR V OUR PROVIDER TYPE AND SPECIALTY IN ACCORDANCE TO MEN	6	2033	7801	5768
		8326	295	ATTENDING PROVIDER NUMBER WAS NOT SUBMITTED ON THIS CLAIM OR THE NPI SUBMITTE				
3404926	SOUTHEASTERN RE G MENTAL HL	8505	136	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		21	134	DUPLICATE OF CLAIM-SYSTEM	2	690	3607	2917
		8599	89	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404927	CUMBERLAND CO M HC	11	344	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		8599	40	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0	446	1550	1104
		5404	39	SEVERE DUPLICATE: SAME ATTD PR OV/PCODE/TOS/DOS/MOD				

--	--	--	--	--	--	--	--

PROVIDER NUMBER	PROVIDER NAME	HIGH DENIAL EOBS	NUMBER OF DENIALS	DESCRIPTION	TNC DENIALS	TOTAL DENIALS	TOTAL CLAIMS FINALIZED	TOTAL CLAIMS PAID
3404930	JOHNSTON COUNTY MNTL HLTHC	8505	1389	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8326	162	ATTENDING PROVIDER NUMBER WAS NOT SUBMITTED ON THIS CLAIM OR THE NPI SUBMITTE	3	1922	6610	4688
		8599	118	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404931	WAKE CO HUM SVC BILLING OF	8505	644	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8800	610	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	80	2095	11815	9720
		8599	224	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404933	SOUTHEASTERN CT R FOR MH/DD	8505	5617	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		3411	195	PROVIDER TYPE AND SPECIALTY 07 4/113 CANNOT BILL ENHANCED BENEFIT SERVICES ON OR AFTER D	0	6081	7783	1702
		8800	163	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				
3404934	ONSLow CARTERET BEHAV HEAL	8505	795	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8599	372	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0	1443	2028	585
		8518	73	"CLAIM DENIED. SUBMITTED BEYO ND TIMELY FILING LIMIT IN EFFECT FOR THIS FISCAL YEAR				
3404935	WAYNE CO MENTAL HEALTH CTR	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404936	THE BEACON CENT ER	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404937	THE BEACON CENT ER	21	1229	DUPLICATE OF CLAIM-SYSTEM				
		8326	522	ATTENDING PROVIDER NUMBER WAS NOT SUBMITTED ON THIS CLAIM OR THE NPI SUBMITTE	0	1784	2994	1210
		8532	19	SUBMITTED BILLING PROVIDER IS NOT ELIGIBLE FOR DATE OF SERVICE BILLED				
3404939	EAST CAROLINA B BEHAVIORAL H	8326	404	ATTENDING PROVIDER NUMBER WAS NOT SUBMITTED ON THIS CLAIM OR THE NPI SUBMITTE				
		8800	328	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	0	871	3219	2348
		21	33	DUPLICATE OF CLAIM-SYSTEM				
3404941	EAST CAROLINA B BEHAVIORAL H	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404942	EAST CAROLINA B BEHAVIORAL H	0	0	*** NO DATA TO REPORT ***				

		0	0		0	0	0	0
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	TOTAL	TOTAL
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404943	ALBEMARLE MENTAL HEALTH CE	8505	608	CLAIM DENIED DUE TO INSUFFICIENT BUDGET				
		8536	315	ATTENDING PROVIDER TYPE AND SPECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PR	10	1419	6864	5445
		21	299	DUPLICATE OF CLAIM-SYSTEM				
3404944	EASTPOINTE HUMAN SERVICES	8536	156	ATTENDING PROVIDER TYPE AND SPECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PR				
		79	46	THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN	0	287	6916	6629
		8534	41	SERVICE FACILITY LOCATION IS NOT A VALID TYPE ATTENDING PROVIDER, OR THE NPI SUBMITTED				
3404946	FOOTHILLS AREA MENTAL HEALTH	8326	1227	ATTENDING PROVIDER NUMBER WAS NOT SUBMITTED ON THIS CLAIM OR THE NPI SUBMITTED				
		8533	61	SERVICE FACILITY LOCATION CANNOT BE AN ATTENDING PROVIDER IDENTIFIED AS AN INDIVIDUAL.	0	1552	3005	1453
		5404	56	SEVERE DUPLICATE: SAME ATTENDING PROVIDER				
				OV/PCODE/TOS/DOS/MOD				